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某部队官兵 122 例变应性鼻炎患者的调查研究 *

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摘要 目的:了解部队官兵变应性鼻炎(AR)患者的临床特征与致病危险因素,为预防和治疗提供依据。**方法:**采用问卷调查方式对部队官兵 122 例患有 AR 的患者(实验组)和 120 例同部队健康状况良好的官兵(对照组)进行调查,内容包括一般资料,临床症状和可能致病因素。数据采用 SPSS 17.0 进行统计分析,单因素 Logistic 回归模型筛选出危险因素,再采用非条件多因素 Logistic 回归模型计算危险因素与疾病的相关性。**结果:**实验组患者间歇性 AR 52 例(42.62%),持续性 AR 70 例(57.38%);轻度鼻炎患者 45 例(36.89%),中重度鼻炎患者 77 例(64.11%);喷嚏者 122 例(100.00%),流涕者 122 例(100.00%),鼻塞者 116 例(95.08%),鼻痒者 102 例(83.61%);鼻部症状影响睡眠 68 例(55.74%),影响日常活动、体育和娱乐 56 例(45.90%),不能正常日常工作和学习 10 例(8.20%)。危险因素主要有本人受教育程度、家人或同室战友卫生习惯、疾病了解程度、过敏史及个人卫生习惯。**结论:**部队官兵 AR 患者中以中重度患者占多数,个人卫生习惯和过敏史为该病的两大诱因。AR 可对生活造成不同程度的影响,且官兵对疾病了解程度较低。

关键词:官兵;变应性鼻炎;调查

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Investigation of 122 Cases with Allergic Rhinitis in Some Troop*

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ABSTRACT Objective: To study the situation and risk factors for allergic rhinitis patients in some troop, and to provide evidence for prevention and treatment. **Methods:** Used questionnaire survey to investigate 122 cases with allergic rhinitis (experimental group) and 120 healthy cases in the same troop (control group), including general information, clinical symptoms and risk factors. Data were analyzed by SPSS 17.0. Selected risk factors by using univariate logistic regression model, and then using multivariate unconditional logistic regression model to calculate correlation between risk factors and disease. **Results:** In the experimental group, there were intermittent allergic rhinitis 52 cases (42.62%), and continuous variation rhinitis 70 cases (57.38%). There were mild rhinitis 45 cases (36.89%), and moderate to severe rhinitis 77 cases(64.11%). There were 122 cases(100.00%) with sneezing, 122 cases(100.00%) with runny nose, 116 cases(95.08%) with nasal congestion, 102 cases(83.61%) with nasal itching. Because of nasal symptoms, 68 cases(55.74%) affected sleep, 56 cases (45.90%) affected the daily activities, sports and entertainment, and 10 cases (8.20%) even could not complete the normal daily work and study. The main risk factors were including personal education, hygiene habits of their family or roommate, understanding level of the disease, allergies and personal hygiene habits. **Conclusion:** There were mostly moderate to severe degree patients with allergic rhinitis in the troop. Allergies and personal hygiene habits were the major causes of the disease. Allergic rhinitis could cause varying degrees of impact to the patients, and the understanding of the disease was at a lower degree.

Key words: Some troop; Allergic rhinitis; Investigation

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前言

随着工业水平的提高,人们赖以生存的环境发生了巨大的改变。据报道,变应性鼻炎(allergic rhinitis, AR)成人发病率高

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达 10%~30%,儿童发病率甚至高达 40%,并且全球发病率呈现逐年上升趋势^[1]。AR 又称过敏性鼻炎,是一种由免疫球蛋白(IgE)介导的,多种分泌介质参与的 I 型变态反应疾病^[2]。患者的鼻腔粘膜由于受到变应原的刺激而引起一系列的炎症反应,如鼻塞、流涕、鼻痒、打喷嚏及眼痒流泪等^[3]。其不仅危害患者的身心健康,还可合并多种并发症,如支气管哮喘等^[45]。由于其症状与一般感冒类似,所以发病初期常常不能引起患者的重视,得不到正确地治疗,可对机体造成不可逆的伤害,如嗅觉减退或丧失、鼻窦炎、鼻息肉甚至诱发癌症^[68]。虽然 AR 的调查研究屡见不鲜,但是各地的气候、生活和环境因素不完全相同,所以不能概而论之。本研究旨在研究部队官兵 AR 患者的临床症状和影响因素,从而探讨该病预防和治疗措施。

1 资料与方法

1.1 一般资料

选择 2015 年 8 月至 2016 年 5 月期间于我院耳鼻喉科确诊的部队 AR 患者 122 例作为实验组,纳入标准:所有患者符合中华医学会耳鼻喉科学会指定的《变应性鼻炎诊断标准和治疗指南(2009 版)》^[9],排除并发其他疾病者。全部为男性,年龄 18-30 岁,平均(20.21±3.52)岁;病史 3-9 年,平均(5.25±2.73)年。选择同部队的健康状况良好的官兵 120 例为对照组,全部为男性,年龄 18-30 岁,平均(21.22±3.73)岁。两组一般资料之间的差异无统计学意义(P>0.05),具有可比性。本研究已通过医院伦理委员会批准,所有患者均签署知情同意书。

1.2 调查方法

自行设计问卷调查表,采用 1 人 1 表的方式进行相关内容调查,问诊与填写均由同一人完成。

1.3 调查内容

一般情况(包括姓名、性别、年龄、籍贯、民族、婚姻状况、入伍时间、职别等)、可能致病因素(包括入伍来源地、入伍所在地、体力活动强度、本人受教育程度、过敏史、个人卫生习惯、家庭成员或同室战友卫生习惯、对疾病了解程度);临床症状(该部分仅限于实验组,包括病情分类、病情分度、鼻部症状、生活质量)。共发出问卷 242 份,收回 242 份,回收率 100%。

1.4 统计学方法

计数资料的描述采用频数、频率和构成比。应用 SPSS 17.0 软件,采用相对危险度近似估计值比值比(odd ratio,OR)来估计各种可能致病因素与 AR 的相关强度,置信区间(CI)为 95%。初步筛选出具有显著性差异的 AR 的危险因素后进行多因素非条件 Logistic 回归分析,置信水平区间为单侧 $\alpha \leq 0.01$ 。

2 结果

2.1 实验组患者临床特征

实验组患者间歇性 AR 52 例(42.62%),持续性 AR 70 例(57.38%);轻度鼻炎患者 45 例(36.89%),中重度鼻炎患者 77 例(64.11%);喷嚏者 122 例(100.00%),流涕者 122 例(100.00%),鼻塞者 116 例(95.08%),鼻痒者 102 例(83.61%);鼻部症状影响睡眠 68 例(55.74%),影响日常活动、体育和娱乐 56 例(45.90%),不能正常日常工作和学习 10 例(8.20%)。

2.2 单因素分析

通过阅读文献和前期预实验结果,我们初步确定 AR 的可能致病因素有入伍来源地、入伍所在地、体力活动强度、本人受教育程度、过敏史、个人卫生习惯、家人或同室战友卫生习惯及疾病了解程度。采用单因素 Logistic 回归模型从可能致病因素中筛选出危险因素。单因素分析结果见表 1。

2.3 多因素分析结果

表 1 单因素 Logistic 分析结果
Table 1 Results of univariate Logistic analysis

Risk factors	χ^2	OR	95%CI	P
Troop sources	1.781	2.132	0.923-1.454	0.046
Troop location	1.673	1.784	0.49-20.993	0.048
Intensity physical activity	3.922	5.103	0.841-5.383	0.029
Personal education	4.981	5.353	1.044-6.785	0.027
Allergies	9.612	8.231	1.643-13.921	0.001
Personal hygiene habits	10.324	9.431	1.556-16.673	0.000
Hygiene habits of their family or roommate	8.561	8.042	1.381-9.635	0.008
Understanding level of the disease	9.334	7.891	1.473-10.318	0.004

根据单因素 Logistic 回归分析结果,将筛选出的有显著性差异的危险因素用多因素非条件 Logistic 回归分析,考察变量与 AR 的相关性。将单因素分析中 OR 值有显著性差异的因素行多因素非条件 Logistic 回归模型拟合,最终选出回归方程的危险因素依次是:本人受教育程度、家人或同室战友卫生习惯、疾病了解程度、过敏史和个人卫生习惯。多因素分析结果见表 2

3 讨论

AR 是一种常见的呼吸道疾病。其发病机理是鼻腔黏膜受到变应原的刺激,引起一系列的炎症反应^[10-12]。发病后不仅影响患者的仪容仪表,给患者心理造成影响,严重影响患者的正常工作和休息^[13]。由于部队官兵来自五湖四海,有着不同的家庭成长背景,教育背景也不尽相同,来到部队后又过着高居住密度的集体生活,并从事着高强度的训练任务和高压力的执勤任务,所以部队官兵是 AR 的易感人群^[14]。本调查中,122 例部队官兵 AR 患者中间歇性 AR 患病率(42.62%)与持续性 AR 患

病率(57.38%)相近。间歇性 AR 多发于春秋两季,春季变应原多以树木花粉为主,秋季变应原多以蒿属变应原为主^[15]。持续性 AR 贯穿全年,变应原多为屋尘螨和粉尘螨^[16]。该部队官兵

AR 患者多以中重度患者为主(64.11%),具有 AR 的典型症状如喷嚏、流涕、鼻塞、鼻痒等。

表 2 非条件多因素 Logistic 分析结果

Table 2 Results of multivariate unconditional Logistic analysis

Risk factors	Regression coefficients	Standardized regression coefficients	OR	95%CI	P
Personal education	0.826	0.391	2.343	0.981-5.102	0.023
Hygiene habits of their family or roommate	1.364	0.542	4.182	1.423-12.226	0.014
Understanding level of the disease	1.442	0.552	4.325	1.525-12.923	0.008
Allergies	1.534	0.523	4.565	1.761-13.509	0.002
Personal hygiene habits	1.663	0.562	5.245	1.853-15.142	0.000

AR 并没有根治的方法。据报道^[17],常见 AR 的变应原主要有屋尘螨、粉尘螨、花粉、多家居虫、海鲜、动物毛发等。本调查中,过敏史是造成 AR 的显著危险因素,这多与官兵个人的体质有关。该部队患有 AR 的官兵常见变应原有屋尘螨、粉尘螨、花粉和动物毛发等。由于大多数的部队官兵来自农村,小时家庭卫生状况不佳,家人卫生习惯不良,卫生知识缺乏,因此未能养成良好的个人卫生习惯或参军前已患上 AR。来到部队集体生活后,由于集体生活且男性聚集,同室战友在卫生习惯上多数不太注意,因此造成居住环境屋尘螨和粉尘螨增多,而两者则是 AR 的最普遍变应原^[18-20]。针对 AR 的治疗主要采用脱敏疗法与隔离变应原相结合的方法,从而改善患者的生活质量。脱敏疗法又分为注射脱敏治疗和舌下含服脱敏治疗^[18-20]。现今我国主要采用舌下含服脱敏药物,其不仅可以消除注射带来的痛苦和恐惧,提高患者依从性,而且更加安全。隔离变应原的治疗手段简单易行,体现了 AR 治疗中防大于治的宗旨。

本调查中能清楚地看到,与官兵患 AR 有相关性较大的危险因素有本人受教育程度、家人或同室战友卫生习惯、疾病了解程度、过敏史及个人卫生习惯。根据调查结果,患有 AR 对部队官兵生活造成不同程度的影响,严重者不能正常日常工作和学习。为保持部队的战斗力,确保官兵的身体健康,既要通过变应原检测明确变应原,避免接触变应原;又要规范用药,避免随意增减剂量、间歇性用药甚至停药情况的发生。特别应该在新兵入伍时就应该开始对其进行卫生教育,使他们养成良好的生活和卫生习惯。有目的地对官兵进行相关知识的教育,使其了解 AR 的发病特点、临床症状、药物治疗和治疗效果;同时配合心理治疗,消除其心理顾虑,树立战胜疾病的信心。

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